

STAGE 1 MEANINGFUL USE REQUIREMENTS

HEALTH IT PERFORMANCE MEASURES

Eligible Professional (EP) and Eligible Hospitals and Critical Access Hospitals (CAHs) Objectives and Associated Measures

Sorted by Core and Menu Set (CMS Final Rule, Table 2, pages 221-226)

Core Measures

For Stage 1, eligible professionals (i.e. providers), hospitals and critical access hospitals (CAHs) must report on **ALL** measures shown in the Core Set below, except where otherwise noted.

NOTES: Highlighted in yellow are changes from the CMS January 13, 2010 proposed rule.

CMS deleted the following requirements and they are not included in the core or menu set of measures:

- Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to an eligible hospital.
- At least 80% of all claims filed electronically by the EP or the eligible hospital.

| CORE SET | | | |
|--|---|--|--|
| Health Outcomes Policy Priority | Stage 1 Objectives | | Stage 1 Measures |
| | Eligible Professionals | Eligible Hospitals and CAHs | |
| Improving quality, safety, efficiency, and reducing health disparities | Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines | | More than 30% (<i>changed from 80% for providers and 10% for hospitals</i>) of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE |
| | Implement drug-drug and drug-allergy interaction checks | | The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period |
| | Generate and transmit permissible prescriptions electronically (eRx) | N/A | More than 40% (<i>changed from 80%</i>) of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology |
| | Record demographics o preferred language o gender o race o ethnicity o date of birth | Record demographics o preferred language o gender o race o ethnicity o date of birth o date and preliminary cause of death in the event of mortality in the eligible hospital or CAH | More than 50% (<i>changed from 80%</i>) of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data |
| | Maintain an up-to-date problem list of current and active diagnoses | | More than 80% (<i>changed from 80%</i>) of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data |

| CORE SET (cont'd) | | | |
|---|---|--|--|
| Health Outcomes Policy Priority | Stage 1 Objectives | | Stage 1 Measures |
| | Eligible Professionals | Eligible Hospitals and CAHs | |
| Improving quality, safety, efficiency, and reducing health disparities (cont'd) | Maintain active medication list | | More than 80% (changed from 80%) of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data |
| | Maintain active medication allergy list | | More than 80% (changed from 80%) of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data |
| | Record and chart changes in vital signs: <ul style="list-style-type: none"> o Height o Weight o Blood pressure o Calculate and display BMI o Plot and display growth charts for children 2-20 years, including BMI | | For more than 50% (changed from 80%) of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data (removed requirements to 1) record BMI and 2) plot growth charts for children age 2-20) |
| | Record smoking status for patients 13 years old or older | | More than 50% (changed from 80%) of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded data NOTE: Certification criteria require the smoking status types shown below to be used. This may require changes to some of the RPMS tobacco health factors. <ul style="list-style-type: none"> o Current every day smoker o Current some day smoker o Former smoker o Never smoker o Smoker, current status unknown o Unknown if ever smoked |
| | Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule | Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule | Implement one clinical decision support rule (changed from requiring five clinical decision support rules and removed requirement for the rule to be relevant to the clinical quality measures) |
| | Report ambulatory clinical quality measures to CMS or the States | Report hospital clinical quality measures to CMS or the States | For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule (number and types of measures changed; see Stage 1 Meaningful Use Requirements, Clinical Quality Measures section) For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule (same changes as above) |

| CORE SET (cont'd) | | | |
|--|---|--|---|
| Health Outcomes Policy Priority | Stage 1 Objectives | | Stage 1 Measures |
| | Eligible Professionals | Eligible Hospitals/CAHs | |
| Engage patients and families in their health care (cont'd) | Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request | Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request | More than 50% (changed from 80%) of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days (changed from 48 hours) |
| | N/A | Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request | More than 50% (changed from 80%) of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it |
| | Provide clinical summaries for patients for each office visit | N/A | Clinical summaries provided to patients for more than 50% (changed from 80%) of all office visits within 3 business days |
| Improve care coordination | Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically | Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically | Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information |
| Ensure adequate privacy and security protections for personal health information | Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities | | Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process |

Menu Set Measures

Eligible professionals and hospitals/CAHs must each report on ALL BUT 5 measures shown in the Menu Set below. **There is one limitation for the menu set: All EPs and hospitals must choose at least one of the population and public health measures to demonstrate as part of the menu set.** This is the only limitation placed on which five objectives can be deferred from the menu set.

Please note the following statement from page 36. This is a good illustration of how it will be more difficult to demonstrate meaningful use in Stage 2 (2013-2014) and Stage 3 (2015+).

"In our next rulemaking, we currently intend to propose that every objective in the menu set for Stage 1 (as described [below]) be included in Stage 2 as part of the core set."

| MENU SET | | | |
|--|---|--|--|
| Health Outcomes Policy Priority | Stage 1 Objectives | | Stage 1 Measures |
| | Eligible Professionals | Eligible Hospitals/CAHs | |
| Improving quality, safety, efficiency, and reducing health disparities | Implement drug-formulary checks | | The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period |
| | N/A | Record advance directives for patients 65 years old or older | More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded (<i>new measure</i>) |
| | Incorporate clinical lab-test results into certified EHR technology as structured data | | More than 40% (<i>changed from 50%</i>) of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data |
| | Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach | | Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition |
| | Send reminders to patients per patient preference for preventive/ follow up care | N/A | More than 20% (<i>changed from 50%</i>) of all unique patients 65 years or older (<i>changed from 50 and over</i>) or 5 years old or younger (<i>added this age range</i>) were sent an appropriate reminder during the EHR reporting period (<i>also removed requirement for patient to be seen during the EHR reporting period AND the language referring to hospital since this is an EP measure only</i>) |
| Engage patients and families in their health care | Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP | N/A | More than 10% (<i>changed from 10%</i>) of all unique patients seen by the EP are provided timely (available to the patient within <i>four business days [changed from 96 hours]</i> of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information |
| | Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate | | More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources (<i>new measure</i>) |
| Improve care coordination | The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation | | The EP, eligible hospital or CAH performs medication reconciliation for more than 50% (<i>changed from 80%</i>) of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) (<i>removed "relevant encounters" as a requirement for which a medication reconciliation must be performed</i>) |

| MENU SET | | | |
|---------------------------------------|---|---|---|
| Health Outcomes Policy Priority | Stage 1 Objectives | | Stage 1 Measures |
| | Eligible Professionals | Eligible Hospitals/CAHs | |
| Improve care coordination (cont'd) | The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral | | The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% (changed from 80%) of transitions of care and referrals |
| Improve population and public health | Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice | | Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically) |
| | N/A | Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice | Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically) |
| | Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice | | Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically) |

CLINICAL QUALITY MEASURES

Eligible Professional (EP) Measures Sorted by Core/Alternate Core and Menu Set (CMS Final Rule, Table 6, pages 272-282)

Core/Alternate Core Measures

For Stage 1, all EPs must report on the three core measures shown below. If the denominators for any of the three measures are zero, the EP must report on the three alternate core measures shown below. If all six of the measures have a denominator of zero, the EP must still report on any three measures shown in the Menu Set of measures. *(The measures changed from the proposed rule measures. See CMS proposed rule, Table 4 for a listing of the previous measures.)*

NOTES: 1) Measures are reported for ALL patients; not just Medicare and/or Medicaid patients. 2) EPs are not required to achieve any performance measure targets; rather, they only report their performance. 3) Measures are reported at the provider level.

| ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES | |
|---|---|
| CORE MEASURES | |
| NQF Measure Number & PQRI Implementation Number | Clinical Quality Measure Title & Description |
| NQF 0421 PQRI 128 | Title: Adult Weight Screening and Follow-Up Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented. |
| NQF 0013 | Title: Hypertension: Blood Pressure Measurement Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension Who have been seen for at least 2 office visits, with blood pressure (BP) recorded. |
| NQF 0028 | Title: Preventive Care and Screening Measure Pair a. Tobacco Use Assessment b. Tobacco Cessation Intervention Description a. Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention. |
| ALTERNATE CORE MEASURES | |
| NQF 0041 PQRI 110 | Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February). |
| NQF 0024 | Title: Weight Assessment and Counseling for Children and Adolescents Description: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. |
| NQF 0038 | Title: Childhood Immunization Status Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio(IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. |

Menu Set Measures

Per page 287, for Stage 1, all eligible professionals (EPs) must choose three (3) measures in the table below on which to report their performance. **If any of the measures have a denominator value of zero, then the provider must choose another measure that does not have a denominator value of zero.** If all measures have a denominator of zero, the eligible professional will "have to attest that all of the other clinical quality measures calculated by the certified EHR technology have a value of zero in the denominator, if the EP is to be exempt from reporting any of the additional clinical quality measures (other than the core and alternate core measures)..." *(In the proposed rule, providers were to choose 3-5 measures based on their specialty; however, now all providers must choose 3 measures from the table below. In addition, many measures have been removed because electronic specifications were not ready at the time of the release of the final rule. Table 5 of the CMS final rule lists the measures that were deleted.)*

| ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES | |
|---|---|
| MENU SET MEASURES | |
| NQF Measure Number & PQRI Implementation Number | Clinical Quality Measure Title & Description |
| NQF 0059 PQRI 1 | Title: Diabetes: Hemoglobin A1c Poor Control Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%. |
| NQF 0064 PQRI 2 | Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL). |
| NQF 0061 PQRI 3 | Title: Diabetes: Blood Pressure Management Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg. |
| NQF 0081 PQRI 5 | Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy. |
| NQF 0070 PQRI 7 | Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy. |
| NQF 0043 PQRI 111 | Title: Pneumonia Vaccination Status for Older Adults Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. |
| NQF 0031 PQRI 112 | Title: Breast Cancer Screening Description: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer. |
| NQF 0034 PQRI 113 | Title: Colorectal Cancer Screening Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. |
| NQF 0067 PQRI 6 | Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy. |
| NQF 0083 PQRI 8 | Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta blocker therapy. |
| NQF 0105 PQRI 9 | Title: Anti-depressant medication management a. Effective Acute Phase Treatment b. Effective Continuation Phase Treatment Description: The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment. |
| NQF 0086 PQRI 12 | Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation Description: Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 |

| ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES | |
|---|--|
| MENU SET MEASURES | |
| NQF Measure Number & PQRI Implementation Number | Clinical Quality Measure Title & Description |
| | months. |
| NQF 0088 PQRI 18 | Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months. |
| NQF 0089 PQRI 19 | Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months. |
| NQF 0047 PQRI 53 | Title: Asthma Pharmacologic Therapy Description: Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment. |
| NQF 0001 PQRI 64 | Title: Asthma Assessment Description: Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms. |
| NQF 0002 PQRI 66 | Title: Appropriate Testing for Children with Pharyngitis Description: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. |
| NQF 0387 PQRI 71 | Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer Description: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period. |
| NQF 0385 PQRI 72 | Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients Description: Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period. |
| NQF 0389 PQRI 102 | Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. |
| NQF 0027 PQRI 115 | Title: Smoking and Tobacco Use Cessation, Medical assistance: <ul style="list-style-type: none"> a. Advising Smokers and Tobacco Users to Quit b. Discussing Smoking and Tobacco Use Cessation Medications c. Discussing Smoking and Tobacco Use Cessation Strategies Description: Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. |
| NQF 0055 PQRI 117 | Title: Diabetes: Eye Exam Description: Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional. |
| NQF 0062 PQRI 119 | Title: Diabetes: Urine Screening Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy. |
| NQF 0056 PQRI 163 | Title: Diabetes: Foot Exam Description: The percentage of patients aged 18 – 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam). |

| ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES | |
|---|--|
| MENU SET MEASURES | |
| NQF Measure Number & PQRI Implementation Number | Clinical Quality Measure Title & Description |
| NQF 0074 PQRI 197 | Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines). |
| NQF 0084 PQRI 200 | Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation Description: Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy. |
| NQF 0073 PQRI 201 | Title: Ischemic Vascular Disease (IVD): Blood Pressure Management Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg). |
| NQF 0068 PQRI 204 | Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year. |
| NQF 0004 | Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement Description: The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit. |
| NQF 0012 | Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV) Description: Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit. |
| NQF 0014 | Title: Prenatal Care: Anti-D Immune Globulin Description: Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation. |
| NQF 0018 | Title: Controlling High Blood Pressure Description: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year. |
| NQF 0032 | Title: Cervical Cancer Screening Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer. |
| NQF 0033 | Title: Chlamydia Screening for Women Description: Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. |
| NQF 0036 | Title: Use of Appropriate Medications for Asthma Description: Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total). |
| NQF 0052 | Title: Low Back Pain: Use of Imaging Studies Description: Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis. |
| NQF 0075 | Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a |

| ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES | |
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| MENU SET MEASURES | |
| NQF Measure Number & PQRI Implementation Number | Clinical Quality Measure Title & Description |
| | complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL. |
| NQF 0575 | Title: Diabetes: Hemoglobin A1c Control (<8.0%) Description: The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%. |

Eligible Hospital and CAH Meaningful Use Measures (CMS Final Rule, Table 10, pages 303-305)

For Stage 1, all eligible hospitals and critical access hospitals (CAHs) must report on all 15 hospital measures shown below, even if one or more denominator values are zero. *(In the proposed rule, CMS required reporting of 35 hospital measures for Medicare and 8 alternative measures for Medicaid; however, now hospitals must report on all 15 measures in the table below for Medicare and/or Medicaid. Tables 8 and 9 of the CMS final rule list the Medicare and Medicaid measures, respectively, which were deleted.)*

NOTES: 1) Measures are reported for ALL patients; not just Medicare and/or Medicaid patients. 2) Hospitals are not required to achieve any performance measure targets; rather, they only report their performance. 3) Measures are reported at the facility (hospital) level.

| ELIGIBLE HOSPITAL AND CAH CLINICAL QUALITY MEASURES | |
|---|---|
| Measure Number Identifier | Measure Title and Description |
| Emergency Department (ED)-1 NQF 0495 | Title: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department |
| ED-2 NQF 0497 | Title: Emergency Department Throughput – admitted patients Admission decision time to ED departure time for admitted patients Description: Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status |
| Stroke-2 NQF 0435 | Title: Ischemic stroke – Discharge on anti-thrombotics Description: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge |
| Stroke-3 NQF 0436 | Title: Ischemic stroke – Anticoagulation for A-fib/flutter Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge. |
| Stroke-4 NQF 0437 | Title: Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset Description: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. |
| Stroke-5 NQF 0438 | Title: Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2 Description: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2. |
| Stroke-6 NQF 0439 | Title: Ischemic stroke – Discharge on statins Description: Ischemic stroke patients with LDL \geq 100 mg/dL, or LDL not measured, or, who were on a lipid lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge. |
| Stroke-8 NQF 0440 | Title: Ischemic or hemorrhagic stroke – Stroke education Description: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke. |
| Stroke-10 NQF 0441 | Title: Ischemic or hemorrhagic stroke – Rehabilitation assessment Description: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services. |
| Venous Thrombo-embolism (VTE)-1 NQF 0371 | Title: VTE prophylaxis within 24 hours of arrival Description: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. |
| VTE-2 NQF 0372 | Title: Intensive Care Unit VTE prophylaxis Description: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer). |
| VTE-3 NQF 0373 | Title: Anticoagulation overlap therapy Description: This measure assesses the number of patients diagnosed with confirmed VTE who received an |

| ELIGIBLE HOSPITAL AND CAH CLINICAL QUALITY MEASURES | |
|---|--|
| Measure Number Identifier | Measure Title and Description |
| | overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) ≥ 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications. |
| VTE-4 NQF 0374 | Title: Platelet monitoring on unfractionated heparin Description: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol. |
| VTE-5 NQF 0375 | Title: VTE discharge instructions Description: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions. |
| VTE-6 NQF 0376 | Title: Incidence of potentially preventable VTE Description: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. |

Noted below from page 253 is another example of where it will be more difficult to demonstrate Meaningful Use in later stages:

"We intend to expand the clinical quality measures again for Stage 2 of meaningful use, which we anticipate will first be effective for the 2013 payment year."